

<p style="text-align: center;">UTILITY PATENT APPLICATION TRANSMITTAL</p> <p>(Only for new non-provisional applications under 37 CFR 153(b))</p>		PTO/SB/05
		Attorney Docket Number: SMRT001US0
		First Named Inventor or Application Identifier: Richard D. Eyestone
		Title: Method and System for Golf Swing Analysis and Training
		Express Mail Label No.: EV 417743119 US
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

ACCOMPANYING APPLICATION PARTS

- | | |
|---|--|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (submitted in duplicate)
2. <input type="checkbox"/> Applicant Claims Small Entity Status
3. <input checked="" type="checkbox"/> Specification: Total Pages: <u>47</u>
4. <input checked="" type="checkbox"/> Drawing(s)(35 U.S.C. 113): Total Sheets: <u>15</u>
5. <input type="checkbox"/> Oath or Declaration: Total pages:
a. <input type="checkbox"/> Newly executed (original or copy)
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed)
i. <input type="checkbox"/> <u>Deletion of Inventor(s)</u> . Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. <input type="checkbox"/> Application Data Sheet. 37 CFR 1.76
7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) | 8. <input type="checkbox"/> Assignment papers (cover sheet & document(s))
9. <input type="checkbox"/> CFR 3.73(b) Statement (when there is an assignee)
<input type="checkbox"/> Power of Attorney
10. <input type="checkbox"/> English Translation Document (if applicable)
11. <input type="checkbox"/> Information Disclosure Statement. (IDS)/PTO-1449.
<input type="checkbox"/> Copies of IDS citations
12. <input type="checkbox"/> Preliminary Amendment
13. <input checked="" type="checkbox"/> Return Receipt Postcard. (MPEP 503) (should be specifically itemized.)
14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed.)
15. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Must attach form PTO/SB/35 or its equivalent.
16. <input type="checkbox"/> Credit Card Authorization for Payment |
|---|--|

17. If a **Continuing Application**: (check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part of prior application No. _____
 Prior application Information: Examiner _____ Group/Art Unit _____

For Continuation or Divisional only: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

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 William N. Hulsey III, Reg. No. 33,402

3/26/04
 Date



14230 U.S. PTO

<u>FEE TRANSMITTAL</u> (Submit in Duplicate)	<u>Application Title:</u>	Method and System for Golf Swing Analysis and Training
	<u>First Named Inventor:</u>	Richard D. Eystone
	<u>Attorney Docket No:</u>	SMRT001US0
	<u>Express Mail Label No.:</u>	EV 417743119 US

METHOD OF PAYMENT**1. Deposit Account Authorization**

- a. **XXX** The Commissioner is hereby authorized to charge the filing fee and any deficiencies and credit any overpayments to:
- i. Deposit Account Number: **50-2726**
 - ii. Deposit Account Name: **Hulsey Grether + Fortkort, LLP**
- b. **XXX** The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17.
- c. **XXX** Applicant Claims Small Entity Status.

2. Payment Enclosed

- a. **XXX** Check
- b. ___ Credit Card
- c. ___ Money Order
- d. ___ Other

FEE CALCULATION

Filing Fee Calculation					
Entity	Basic Filing Fee	Each Independent Claim in Excess of 3	Each Claim in Excess of 20	Multiple Dependent Claim-Fee	Total
Small	\$385	0 x \$ 43 = \$0	1 x \$9 = \$9	0 x \$145 = \$0	\$394
Other	\$770	_____ x \$86 = _____	_____ x \$18 = _____	_____ x \$290 = _____	

XXX Total Filing Fee: \$394 _____

___ Assignment Recording Fee \$ _____

XXX Total Fee \$ _____

William N. Hulsey III, Reg. No. 33,402